Task Force on Health and Human Services

States & Nation Policy Summit | Washington, D.C.
Friday, December 5, 2014
2:30pm – 5:30pm

Meeting Agenda

2:30pm	Call to Order, Welcome, Introductions, Approval of Minutes
2:35pm	Presentation: Post-Election Recap: Implications for Health Care in the States
2:45pm	Presentation: Overcoming Boarding Issues with Psychiatric Emergency Departments
2:55pm	*Model Policy: Medicaid Anti-Crowd Out Act*
3:05pm	*Model Policy: Resolution Recognizing the Benefit between Health Care Sharing and HSAs*
3:15pm	Presentation: Policy Questions for State-Based Ebola Response
3:25pm	Presentation: Innovations in Health Care
3:35pm	Roundtable Policy Discussion
4:05pm	*Model Policy: Resolution in Support of Oral Health*
4:15pm	*Model Policy: Resolution in Support of Authorizing Midlevel Dental Practitioners*
4:25pm	*Model Policy: Resolution Opposing Restrictions on Contracting for Non-Clinical Dental Support Services*
4:35pm	Presentation: An Update on Pending ACA Litigation and their Potential Impact
4:45pm	Presentation: Evolving Landscape of Vapor Products
4:55pm	*Model Policy: Resolution Opposing the FSMB Interstate Medical Licensure Compact*
5:05pm	Presentation: Facilitating Telehealth through Remote Prescribing
5:15pm	Presentation: Reducing the Cost of Care
5:25pm	*Sunset Review: Optional Medicaid Benefits Evaluation Act*
5:30pm	Good of the Order, Adjournment

Model ALEC Resolution

Resolution in support of authorizing midlevel dental practitioners

WHEREAS, the American Dental Association released a study indicating that in 2010 the cost was as high as $2.1 billion for preventable emergency room visits; and

WHEREAS, lack of access to routine dental care places an undue strain on both private and public resources, wastes taxpayer dollars, and results in lower productivity and missed days for children in schools and adults at work; and

WHEREAS, nearly 50 million Americans live in dental health professional shortage areas, and the shortage particularly impacts rural and inner city areas; and

WHEREAS, midlevel dental practitioners, who are similar to physician's assistants and nurse practitioners and work under the supervision of a dentist, are currently practicing in Alaska, Minnesota, and over 50 nations, were recently authorized in Maine, and have been in existence for nearly a century; and

WHEREAS, midlevel dental practitioners are not independent practitioners and always work under the supervision of a dentist;

WHEREAS, midlevel dental practitioners are trained to the same standard as dentists for their more limited scope of practice, taking the same classes, using the same materials and passing the same exams for those procedures on which they overlap; and

WHEREAS, midlevel dental practitioners are proven to provide quality care and work under the supervision of a dentist; and

WHEREAS, midlevel dental practitioners can be supervised remotely by dentists in different locations, including by the use of telehealth technology, extending the reach of the dental team to places like schools, Head Start facilities, nursing homes, assisted living centers, and rural areas that are currently underserved; and

WHEREAS, midlevel dental practitioners allow dentists to expand their small businesses and support job creation by offering a career ladder for future and existing oral health professionals; and

WHEREAS, unnecessary restrictions in many states currently prohibit dentists from hiring midlevel dental practitioners; and

WHEREAS, removing these government regulations and allowing dentists to hire midlevel dental practitioners will strengthen the dental workforce, give dentists another option to grow their businesses and provide more affordable care to the consumer, and increase access to care.

WHEREAS, state legislation to authorize midlevel dental providers should be crafted in consultation with the state dental board and the state's dental association, dental hygiene association, and other professional dental organizations.

NOW, THEREFORE BE IT RESOLVED, that {insert state legislature}, recognizing the importance of routine dental care in preventing undue strain on both private and public resources, supports eliminating unnecessary regulations that prohibit dentists from hiring midlevel dental practitioners.

Task Force on Health and Human Services

ALEC American Legislative Exchange Council

LIMITED GOVERNMENT • FREE MARKETS • FEDERALISM

Medicaid Anti-Crowd-Out Act
(DRAFT, July 31, 2014)

Summary

Prohibits the enrollment of individuals or dependents into a Medicaid HMO or any state funded Medicaid program when such individuals or dependents are already enrolled in a commercial healthcare insurance program, or when one is available to them.

Model Policy

Section 1. Title. This Act shall be known as the "Medicaid Anti-Crowd-Out Act".

Section 2. Definitions. As used in this Act:

(A) "Medicaid" means any health insurance program sponsored by the state using public funds.

(B) "Medicaid HMO" means any organization which is funded by state and/or federal public funds to manage or provide medical care.

(C) "Commercial Healthcare Insurance" is any other insurance provided or available to individuals other than through public funding.

Section 3. Prohibition of Medicaid or Medicaid HMO Enrollment.

The state of {**insert state**} is prohibited from causing or allowing Medicaid enrollment or Medicaid HMO enrollment in any situation where individuals and/or dependents have availability of commercial healthcare insurance or are already enrolled in commercial healthcare insurance

Section 4. Severability Clause.
Section 5. Repealer Clause.
Section 6. Effective Date

Resolution Recognizing the Mutual Benefit between Health Care Sharing and Health Savings Accounts (DRAFT, December 5, 2014)

Summary

Recognizes the mutual benefit that would be created if citizens who opened a Health Savings Account would have the ability to choose between participation in a health care sharing ministry or the purchase of a high-deductible health insurance plan and encourages Congress to support federal legislation to create this additional health care cost support choice.

Model Resolution

WHEREAS, health care cost support is an essential element of economic security for American families, and individuals and families require more health care cost support choices, not fewer; and

WHEREAS, health care sharing ministries (HCSM) provide health care cost sharing arrangements among persons of similar and sincerely held religious beliefs, administered by not-for-profit religious organizations; and

WHEREAS, Congress recognized the legitimacy of HCSMs in 2010 when it granted participants in these ministries one of the nine exemptions from the individual mandate in the Affordable Care Act; and

WHEREAS, participation in a HCSM typically costs 40-65 percent less than conventional health insurance; and

WHEREAS, for income earned in 2011, approximately 72 percent of HCSM participants were at or below 400 percent of the Federal Poverty Level (FPL), including approximately 44 percent of HCSM participants were at or below 200 percent of FPL; and

WHEREAS, when Health Savings Accounts (HSA) were established as part of the Medicare Modernization Act in December 2003, citizens opening a HSA were required to also purchase high-deductible health insurance plan; and

WHEREAS, according to a June 2013 report from America's Health Insurance Plans (AHIP) Center for Policy and Research, as of January 2013, 15.5 million people in America have made HSAs their choice for health care cost support; and

WHEREAS, according to the same report, the states with the highest HSA enrollment are Illinois, Texas, California, Ohio, and Michigan; and

WHEREAS, according to the same report, children ages 0 to 19 comprise the largest group of lives covered by a HSA; and

WHEREAS, another AHIP report shows that 83 percent of HSA owners have incomes that put them in the middle income class or lower; and

WHEREAS, according to the Society of Human Resource Management, 43 percent of employers offered HSAs in 2012.

NOW, THEREFORE BE IT RESOLVED, that **{insert state legislature}** recognizes the mutual benefit that would be created if citizens who opened a Health Savings Account would have the ability to choose between participation in a health care sharing ministry or the purchase of a high-deductible health insurance plan.

BE IT FURTHER RESOLVED, that **{insert state legislature}** encourages Congress to support federal legislation as necessary to create this additional health care cost support choice.

Resolution in Support of Oral Health
(DRAFT, December 5, 2014)

Summary

Recognizes the importance of oral health to overall health, ensures oral health impact is considered during the development of state policy, supports local, state, and federal efforts to monitor oral health conditions as well as community oral health initiatives, and establishes "Oral Health Awareness Month."

Model Resolution

WHEREAS, oral health is a critical component of overall health affecting speech, nutrition, growth and function, social development, employability and productivity, and quality of life; and

WHEREAS, dental decay is the most common chronic disease among children – four times more common than asthma, four times more common than early-childhood obesity, and twenty times more common than diabetes; and

WHEREAS, untreated dental disease is linked to adverse health outcomes associated with diabetes, stroke, heart disease, bacterial pneumonia, pre-term and low birth weight deliveries, and in some instances, death; and

WHEREAS, students miss more than 51 million hours of school and employed adults lose more than 164 million hours of work each year due to dental disease or dental visits; and

WHEREAS, dental decay affects 18% of the nation's children aged 2-4, 52% of children aged 6-8, and 61% of teenagers age 15; and

WHEREAS, access to dental care is associated with higher utilization of preventive and restorative dental services; and

WHEREAS, more can be done for low-income children who suffer more tooth decay than their higher-income peers; and

WHEREAS, **{insert state}** residents deserve access to high quality oral health care:

NOW, THEREFORE, BE IT RESOLVED that **{insert state legislature}** hereby:

(1) Recognizes that good oral health is critical to good overall health;

(2) Supports health policies at the state and local levels that are consistent and promote optimal oral health;

(3) Ensures oral health impact is a consideration in the development of state policy;

(4) Supports the use of available local, state, and federal resources to monitor oral health status;

(5) Supports community oral health initiatives aimed at improving oral health literacy and better health outcomes;

(6) Recognizes the month of August as "Oral Health Awareness Month" to draw attention to ongoing efforts at the local, state, and federal levels to improve the oral health of all.

Resolution in Support of Authorizing Midlevel Dental Practitioners
(DRAFT, December 5, 2014)

Summary

This resolution supports eliminating unnecessary regulations that prohibit dentists from hiring midlevel dental practitioners.

Model Resolution

WHEREAS, the American Dental Association released a study indicating that in 2010 the cost was as high as $2.1 billion for preventable emergency room visits; and

WHEREAS, lack of access to routine dental care places an undue strain on both private and public resources, wastes taxpayer dollars, and results in lower productivity and missed days for children in schools and adults at work; and

WHEREAS, nearly 50 million Americans live in dental health professional shortage areas, and the shortage particularly impacts rural and inner city areas; and

WHEREAS, midlevel dental practitioners, who are similar to physician's assistants and nurse practitioners, are currently practicing in Alaska, Minnesota, and over 50 nations, were recently authorized in Maine, and have been in existence for nearly a century; and

WHEREAS, midlevel dental practitioners are trained to the same standard as dentists for their more limited scope of practice, taking the same classes, using the same materials and passing the same exams for those procedures on which they overlap; and

WHEREAS, midlevel dental practitioners are proven to provide quality care and work under the supervision of a dentist; and

WHEREAS, midlevel dental practitioners cost less to employ, and permitting dentists and community health centers to hire them allows each to treat more low-income patients in a financially sustainable way, relieving the financial burden of preventable dental conditions to the state as a result of lack of access to dental care; and

WHEREAS, midlevel dental practitioners can be supervised remotely by dentists in different locations, including by the use of telehealth technology, extending the reach of the dental team to places like schools, Head Start facilities, nursing homes, assisted living centers, and rural areas that are currently underserved; and

WHEREAS, midlevel dental practitioners allow dentists to expand their small businesses and support job creation by offering a career ladder for future and existing oral health professionals; and

WHEREAS, unnecessary restrictions in many states currently prohibit dentists from hiring midlevel dental practitioners; and

WHEREAS, removing these government regulations and allowing dentists to hire midlevel dental practitioners will strengthen the dental workforce, give dentists another option to grow their businesses and provide more affordable care to the consumer, and increase access to care.

NOW, THEREFORE BE IT RESOLVED, that **{insert state legislature}**, recognizing the importance of routine dental care in preventing undue strain on both private and public resources, supports eliminating unnecessary regulations that prohibit dentists from hiring midlevel dental practitioners.

Resolution Opposing Restrictions on Contracting for Non-Clinical Dental Support Services (DRAFT, December 5, 2014)

Summary

Opposes anticompetitive legislation and regulations that restrict the ability of dentists to contract with third parties for non-clinical support services and supports market solutions and the work of dental support organizations (DSOs) to provide administrative and general business management support to the dental community.

Model Resolution

WHEREAS, America's dental services market, like other areas of healthcare, is evolving to meet the needs of the nation's growing population; and

WHEREAS, part of that evolution includes the growth of dental support organizations (DSOs), which help dentists meet those needs by assisting them with non-clinical business and administrative functions of operating a dental practice while ensuring that only dentists engage in clinical decision-making and the delivery of dental care to their patients; and

WHEREAS, the Federal Trade Commission concludes that restrictions on the ability of dentists to contract out business and administrative functions provided by DSOs may reduce competition, leading to higher prices and reduced access to dental services, especially for underserved populations; and

WHEREAS, the U.S. Department of Health & Human Services reports that the shortage of dental practitioners in Health Professional Shortage Areas (HPSAs) exceeds that of both primary medical and mental health practitioners; and

WHEREAS, the shortage of dental practitioners and affordable dental care has forced an increasing number of persons to either forgo dental care or to seek treatment from the nation's network of emergency rooms, which are often over-burdened and ill-equipped to provide dental care; and

WHEREAS, an increasing number of dentists have chosen to hire DSOs for non-clinical services for their practices, or work in dental practices that have contracted for dental support services, so that they can spend their professional time focusing on care for the patients rather than on the administrative aspects of a dental practice; and

WHEREAS, the efficiencies and administrative service skills provided to dentists by DSOs enable dentists to not only increase access to dental care through passing along those efficiencies in the form of lower prices for dentistry, but also through enabling them to navigate the complicated reimbursement landscape and accept more forms of insurance and Medicaid for their patients; and,

WHEREAS, any legislation or regulation likely to discourage dentists from hiring DSOs deny patients, dentists, third party payors, state agencies and other consumers of dental services the benefits of competition resulting from the efficiencies that DSOs can offer.

NOW, THEREFORE BE IT RESOLVED, that **{insert state legislature}** opposes anticompetitive legislation and regulations restricting the ability of dentists to contract with third parties for non-clinical support services provided by dental support organizations (DSOs), including accounting, marketing, purchasing, billings, collections, regulatory compliance, and other administrative duties.

BE IT FURTHER RESOLVED, that **{insert state legislature}**, recognizing the importance of achieving greater access, affordability and quality in dental care, supports market solutions and the work of dental support organizations (DSOs) to provide administrative support and general business management support to the dental community allowing dentists to concentrate on clinical operations and the delivery of patient care.

Resolution Opposing the Federation of State Medical Boards' Interstate Medical Licensing Compact (DRAFT, December 5, 2014)

Summary

Opposes participation with the Federation of Medical State Licensure's Interstate Medical Licensure Compact.

Model Resolution

WHEREAS, the Interstate Medical Licensure Compact will supersede a state's autonomy and control over the practice of medicine; and

WHEREAS, the Interstate Commission under the Compact will likely cause changes to the state Medical Practice Act; and

WHEREAS, there will be a significant cost to each participating state in joining such an Interstate Medical Licensure Compact; and

WHEREAS, it will be difficult and expensive for a state to extricate itself from the Interstate Medical Licensure Compact; and

WHEREAS, the cost of obtaining medical licenses will be dramatically increased, and a state must protect its citizens from regulatory excesses; and

WHEREAS, the Interstate Medical Licensure Compact's definition of a physician is at variance with all other State Medical Boards.

NOW THEREFORE BE IT RESOLVED, that **{insert state legislature}** is opposed to any participation with the Federation of Medical State Licensure's Interstate Medical Licensure Compact.

AMERICAN LEGISLATIVE EXCHANGE COUNCIL

Optional Medicaid Benefits Evaluation Act

Section 1. Title. This Act shall be known as the "Optional Medicaid Benefits Evaluation Act."

Section 2. Definitions.

A. "Medicaid" is the federal Title XIX Medical Assistance program administered by states and funded in part by the federal government.

B. "Independent third party" is a public or private entity or private person having no ongoing financially dependent relationship with the **{insert appropriate state agency},** the Auditor General, or the **{insert name of state Medicaid Agency}**, and that possesses the necessary expertise to conduct the evaluation and/or write the report as described in this Act.

C. "Optional benefits" are medical services potentially or currently provided under the Medicaid program of this state that are categorized as optional by the federal Centers for Medicare & Medicaid Services, including recipient populations that are not required to be covered under federal law.

D. "Report" means a written document that comprehensively records the methods used and results of an evaluation of optional benefits.

E. "Recipient" is an individual who receives benefits under the Medicaid program of this state.

F. "Recipient population" is the group or a sub-group of all individuals or households in the state who receive benefits under the Medicaid program of this state.

Section 3. Evaluations of Proposed and Existing Medicaid Benefits Required.

A. The **{insert appropriate state agency}** shall not promulgate and approve rules, apply for federal waivers, or otherwise take any action that would expand optional benefits under the state's Medicaid program unless the agency:

1. Provides funding to the Auditor General or the **{insert appropriate state agency}** who shall then contract with an independent third party to evaluate the proposed expansion and produce a report as described in this Act; and

2. Presents the proposal and report to the appropriate oversight committees of the legislature for approval to proceed. Majorities of the members of oversight committees from both houses of the legislature must approve the proposal in order for the **{insert appropriate state agency}** to proceed.

B. Legislative oversight committees shall consider if an optional benefits expansion:

1. Creates clear and measurable net economic benefits that accrue generally to all citizens of the state, even in the absence of federal funds;

2. Does not interfere with citizens' ability to engage in free enterprise in the medical industry;

3. Clearly fills a need that only government can fill; and

4. Is not likely to result in a financial obligation to the state that would necessitate a tax increase at some future time.

C. The Auditor General or the **{insert appropriate state agency}** shall contract with one or more independent third parties to evaluate existing optional benefits under the state's Medicaid program. The evaluation and a report of the evaluation shall be completed within two years of the date of passage of this Act and shall meet the requirements set forth in this Act.

Section 4. Evaluation of Optional Benefits. Any evaluation required by this Act shall at least include an analysis of optional benefits' effects on:

A. The health and productivity of the proposed recipient population;

B. The health care prices faced by the non-recipient population;

C. The demand for medical services separately delineated by recipient and non-recipient populations, including demand for medical services not included in the optional benefit(s) being studied;

D. The administrative costs faced by providers of services under the federal Title XIX Medical Assistance program;

E. Health insurance premiums;

F. Emergency room services for recipient and non-recipient populations;

G. The practices and decision of suppliers of health services that would affect the market for medicine and the possible results of those actions; and

H. The state's short- and long-term fiscal outlook including the likelihood of future tax increases to pay for the optional benefits under plausible economic scenarios.

Section 5. Report.

A. A written report shall be prepared by the independent third party describing the evaluation in Section 4 and the methods used to conduct the evaluation. Copies of the written report shall be submitted to the Governor, the presiding officers the legislature, and the members of the relevant oversight committees.

B. The Auditor General **{insert appropriate state agency}** shall review the report for:

1. Completeness;

2. Its adherence to professional standards; and

3. Sound methodology.

Section 6. Judicial Review. A resident taxpayer of the state shall have standing to seek de novo judicial review as to whether the criteria set out in this Act regarding review and approval of an optional benefit have been met by filing an action seeking declaratory, injunctive, quo warranto, or writ of prohibition relief.

Section 7. {Severability Clause.}

Section 8. {Repealer Clause.}

Section 9. {Effective Date.}

Passed by the Health and Human Services Task Force on December 3, 2009.
Approved by the ALEC Board of Directors on January 8, 2010.

Task Force on Health and Human Services

States & Nation Policy Summit | Washington, D.C.
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STATES & NATION — POLICY SUMMIT —

DECEMBER 3-5, 2014
HYATT REGENCY CAPITOL HILL
WASHINGTON, D.C.

ALEC | INNOVATE — POLICY FOR THE FUTURE

TUE. TUESDAY, DECEMBER 2

		Room	Level
12:00 PM - 7:00 PM	**Registration**	**Ballroom Foyer**	**Ballroom**
7:30 AM - 9:00 AM	Private Enterprise Advisory Council Meeting	Olympic	Conference
8:00 AM - 10:00 AM	Joint Board of Directors and Private Enterprise Advisory Council Breakfast	Yellowstone/Everglades	Conference
9:00 AM - 10:00 AM	Finance Board Committee Meeting	Yosemite	Conference
9:00 AM - 10:00 AM	Public Affairs Board Committee Meeting	Bryce	Conference
10:00 AM - 11:00 AM	Task Force Board Committee and Bylaws Meeting	Yosemite	Conference
10:00 AM - 11:00 AM	Membership Board Committee Meeting	Bryce	Conference
11:00 AM - 5:00 PM	Joint Board of Directors and Private Enterprise Advisory Council Meeting	Thornton ABC	11th Floor
12:00 PM - 1:00 PM	Joint Board of Directors and Private Enterprise Advisory Council Lunch	Thornton Lounge	11th Floor
12:00 PM - 5:00 PM	Exhibitor Set Up	Ballroom Foyer	Ballroom
6:00 PM - 9:00 PM	**Dinner with Speaker Newt Gingrich (By Invite Only)**	**Buses will depart from Lobby at 5:30 PM**	**Off-Site**

WED. WEDNESDAY, DECEMBER 3

		Room	Level
7:00 AM - 7:00 PM	**Registration**	**Ballroom Foyer**	**Ballroom**
7:00 AM - 3:00 PM	Media Registration	Lobby Foyer	Lobby
7:00 AM - 9:00 AM	Exhibitor Set Up	Ballroom Foyer	Ballroom
7:00 AM - 8:00 AM	Education Executive Committee Breakfast	Redwood	Conference
8:00 AM - 9:15 AM	Public Pension Reform Working Group	Columbia A	Ballroom
8:30 AM - 11:00 AM	International Relations and Federalism Subcommittees: National Security; Intellectual Property and Federalism Subcommittee Meetings	Congressional B	Lobby
8:45 AM - 10:30 AM	Education Subcommittee Meetings	Columbia B	Ballroom
9:00 AM - 10:15 AM	Breakout Session: Now That You Are Elected - How to Be Effective	Congressional A	Lobby
9:00 AM - 10:00 AM	Working Group on Transportation Network Companies	Columbia Foyer	Ballroom
9:00 AM - 10:00 AM	First Time Attendee Orientation	Capitol A/B	Lobby
9:00 AM - 11:00 AM	State Chairs Meeting	Columbia C	Ballroom
9:00 AM - 3:00 PM	ALEC Exhibit Hall Open	Ballroom Foyer	Ballroom
9:30 AM - 10:30 AM	Fiscal Policy Reform Working Group Subcommitee Meeting	Columbia A	Ballroom
10:00 AM - 11:00 AM	Workers' Compensation Subcommittee Meeting	Regency Foyer	Ballroom
10:15 AM - 11:15 AM	Breakout Session: Government 2.0 - Transform Government	Congressional A	Lobby
10:45 AM - 11:15 AM	Education Finance Joint Working Group	Columbia A	Ballroom
11:30 AM - 1:15 PM	**Opening Luncheon: Journey to Leadership with Rep.-Elect Barbara Comstock and Sen. Leah Vukmir**	**Regency Ballroom**	**Ballroom**
1:30 PM - 2:45 PM	Task Force Chairs Meeting	Bryce	Conference
1:30 PM - 2:45 PM	Workshop: Tackling the Prescription Drug Abuse Epidemic: Solutions for the States	Columbia A/B	Ballroom
3:00 PM - 4:15 PM	Workshop: Playing the Shame Game: A Campaign that Threatens Corporate Free Speech	Columbia A/B	Ballroom
3:00 PM - 4:15 PM	Workshop: STEM Education, The Importance of Partnerships	Capitol A/B	Lobby
5:30 PM - 7:00 PM	**The Thomas Jefferson Reception with Sen. Ted Cruz**	**Regency Ballroom**	**Ballroom**

THU. THURSDAY, DECEMBER 4		Room	Level
7:00 AM - 7:00 PM	**Registration**	**Ballroom Foyer**	**Ballroom**
7:00 AM - 1:00 PM	Media Registration	Lobby Foyer	Lobby
8:00 AM - 9:15 AM	Plenary Breakfast: Mr. Mark Levin	Regency Ballroom	Ballroom
9:00 AM - 3:00 PM	ALEC Exhibit Hall Open	Ballroom Foyer	Ballroom
9:30 AM - 10:45 AM	Workshop: The Case for a Convention of States	Capitol A/B	Lobby
9:30 AM - 10:45 AM	Workshop: Keep Your State Healthy, Wealthy and Wise in the New Year	Columbia A/B	Ballroom
11:00 AM - 12:15 PM	Workshop: Expanding Access to Care with Midlevel Dental Providers	Capitol A/B	Lobby
12:30 PM - 2:15 PM	Plenary Lunch: Mr. Brent Bozell	Regency Ballroom	Ballroom
2:30 PM - 3:30 PM	The New Knock on the Door! – How Mobile Phone Channel Voter Targeting and GOTV Affected the 2014 Elections!	Regency Foyer	Ballroom
2:30 PM - 4:00 PM	Breakout Session: Federalism: States Are "Separate and Independent Sovereigns." Now It's Time To Act Like It.	Columbia A	Ballroom
2:30 PM - 5:30 PM	Civil Justice Task Force Meeting	Capitol A/B	Lobby
2:30 PM - 5:30 PM	Commerce, Insurance and Economic Development Task Force Meeting	Columbia B	Ballroom
2:30 PM - 5:30 PM	Communications and Technology Task Force Meeting	Congressional A	Lobby
2:30 PM - 5:30 PM	Education Task Force Meeting	Columbia C	Ballroom
2:30 PM - 5:30 PM	Energy, Environment and Agriculture Subcommittee Meetings (Energy 2:30 PM - 4:00 PM, Environmental Health 4:00 PM - 4:45 PM, Agriculture 4:45 PM - 5:30 PM)	Columbia Foyer	Ballroom
4:00 PM - 5:30 PM	Breakout Session: Federalism Applied: Transfer of Public Lands - It's About National Prosperity	Columbia A	Ballroom
6:00 PM - 7:00 PM	**ALEC Annual Holiday Party**	**Regency Ballroom**	**Ballroom**

FRI. FRIDAY, DECEMBER 5		Room	Level
7:30 AM - 3:00 PM	**Registration**	**Ballroom Foyer**	**Ballroom**
7:30 AM - 1:00 PM	Media Registration	Lobby Foyer	Lobby
8:00 AM - 9:15 AM	Plenary Breakfast: Dr. Frank Luntz	Regency Ballroom	Ballroom
9:00 AM - 3:00 PM	ALEC Exhibit Hall Open	Ballroom Foyer	Ballroom
9:30 AM - 10:45 AM	Workshop: Compact for a Balanced Budget Now!	Capitol A/B	Lobby
9:30 AM - 10:45 AM	Workshop: The Greening of Planet Earth	Columbia A/B	Ballroom
11:00 AM - 12:15 PM	Workshop: Stopping Welfare Fraud: Changing Lives and Budgets	Capitol A/B	Lobby
12:30 PM - 2:15 PM	Closing Lunch: Former Interior Secretary Gale Norton	Regency Ballroom	Ballroom
2:30 PM - 5:30 PM	Justice Performance Project Meeting	Columbia C	Ballroom
2:30 PM - 5:30 PM	Health and Human Services Task Force Meeting	Congressional A	Lobby
2:30 PM - 5:30 PM	Tax and Fiscal Policy Task Force Meeting	Capitol A/B	Lobby
2:30 PM - 5:30 PM	International Relations and Federalism Task Force Meeting	Columbia Foyer	Ballroom
2:30 PM - 5:30 PM	Energy, Environment and Agriculture Task Force Meeting	Columbia B	Ballroom
3:00 PM - 5:30 PM	Exhibitor Load Out	Ballroom Foyer	Ballroom
5:30 PM - 6:30 PM	**Chair's Reception (Members Only)**	**Thornton ABC**	**11th Floor**
7:00 PM - 11:00 PM	**State Night (Contact Your State Chair)**	**Off-Site**	**Off-Site**

Resolution Opposing the Federation of State Medical Boards' Interstate Medical Licensing Compact (DRAFT, December 5, 2014)

Summary

Opposes participation with the Federation of Medical State Licensure's Interstate Medical Licensure Compact.

Model Resolution

WHEREAS, the Interstate Medical Licensure Compact will supersede a state's autonomy and control over the practice of medicine; and

WHEREAS, the Interstate Commission under the Compact will likely cause changes to the state Medical Practice Act; and

WHEREAS, there will be a significant cost to each participating state in joining such an Interstate Medical Licensure Compact; and

WHEREAS, it will be difficult and expensive for a state to extricate itself from the Interstate Medical Licensure Compact; and

WHEREAS, the cost of obtaining medical licenses will be dramatically increased, and a state must protect its citizens from regulatory excesses; and

WHEREAS, the Interstate Medical Licensure Compact's definition of a physician is at variance with all other State Medical Boards, and would require a physician to hold specialty certification or a time-unlimited specialty certificate.

NOW THEREFORE BE IT RESOLVED, that **{insert state legislature}** is opposed to any participation with the Federation of Medical State Licensure's Interstate Medical Licensure Compact.

Model ALEC Resolution

Resolution in support of authorizing midlevel dental practitioners

WHEREAS, the American Dental Association released a study indicating that in 2010 the cost was as high as $2.1 billion for preventable emergency room visits; and

WHEREAS, lack of access to routine dental care places an undue strain on both private and public resources, wastes taxpayer dollars, and results in lower productivity and missed days for children in schools and adults at work; and

WHEREAS, nearly 50 million Americans live in dental health professional shortage areas, and the shortage particularly impacts rural and inner city areas; and

WHEREAS, midlevel dental practitioners, who are similar to physician's assistants and nurse practitioners and work under the supervision of a dentist, are currently practicing in Alaska, Minnesota, and over 50 nations, were recently authorized in Maine, and have been in existence for nearly a century; and

WHEREAS, midlevel dental practitioners are not independent practitioners and always work under the supervision of a dentist;

WHEREAS, midlevel dental practitioners are trained to the same standard as dentists for their more limited scope of practice, taking the same classes, using the same materials and passing the same exams for those procedures on which they overlap; and

WHEREAS, midlevel dental practitioners are proven to provide quality care and work under the supervision of a dentist; and

WHEREAS, midlevel dental practitioners can be supervised remotely by dentists in different locations, including by the use of telehealth technology, extending the reach of the dental team to places like schools, Head Start facilities, nursing homes, assisted living centers, and rural areas that are currently underserved; and

WHEREAS, midlevel dental practitioners allow dentists to expand their small businesses and support job creation by offering a career ladder for future and existing oral health professionals; and

WHEREAS, unnecessary restrictions in many states currently prohibit dentists from hiring midlevel dental practitioners; and

WHEREAS, removing these government regulations and allowing dentists to hire midlevel dental practitioners will strengthen the dental workforce, give dentists another option to grow their businesses and provide more affordable care to the consumer, and increase access to care.

WHEREAS, state legislation to authorize midlevel dental providers should be crafted in consultation with the state dental board and the state's dental association, dental hygiene association, and other professional dental organizations.

NOW, THEREFORE BE IT RESOLVED, that {insert state legislature}, recognizing the importance of routine dental care in preventing undue strain on both private and public resources, supports eliminating unnecessary regulations that prohibit dentists from hiring midlevel dental practitioners.

Model ALEC Resolution

Resolution in support of authorizing midlevel dental practitioners

WHEREAS, the American Dental Association released a study indicating that in 2010 the cost was as high as $2.1 billion for preventable emergency room visits; and

WHEREAS, lack of access to routine dental care places an undue strain on both private and public resources, wastes taxpayer dollars, and results in lower productivity and missed days for children in schools and adults at work; and

WHEREAS, nearly 50 million Americans live in dental health professional shortage areas, and the shortage particularly impacts rural and inner city areas; and

WHEREAS, midlevel dental practitioners, who are similar to physician's assistants and nurse practitioners and work under the supervision of a dentist, are currently practicing in Alaska, Minnesota, and over 50 nations, were recently authorized in Maine, and have been in existence for nearly a century; and

WHEREAS, midlevel dental practitioners are not independent practitioners and always work under the supervision of a dentist;

WHEREAS, midlevel dental practitioners are trained to the same standard as dentists for their more limited scope of practice, taking the same classes, using the same materials and passing the same exams for those procedures on which they overlap; and

WHEREAS, midlevel dental practitioners are proven to provide quality care and work under the supervision of a dentist; and

WHEREAS, midlevel dental practitioners can be supervised remotely by dentists in different locations, including by the use of telehealth technology, extending the reach of the dental team to places like schools, Head Start facilities, nursing homes, assisted living centers, and rural areas that are currently underserved; and

WHEREAS, midlevel dental practitioners allow dentists to expand their small businesses and support job creation by offering a career ladder for future and existing oral health professionals; and

WHEREAS, unnecessary restrictions in many states currently prohibit dentists from hiring midlevel dental practitioners; and

WHEREAS, removing these government regulations and allowing dentists to hire midlevel dental practitioners will strengthen the dental workforce, give dentists another option to grow their businesses and provide more affordable care to the consumer, and increase access to care.

WHEREAS, state legislation to authorize midlevel dental providers should be crafted in consultation with the state dental board and the state's dental association, dental hygiene association, and other professional dental organizations.

NOW, THEREFORE BE IT RESOLVED, that {insert state legislature}, recognizing the importance of routine dental care in preventing undue strain on both private and public resources, supports eliminating unnecessary regulations that prohibit dentists from hiring midlevel dental practitioners.